PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

		Effect	tive Octobe									
		CLAIMS AS	(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17				RAT	Ε	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			\ \ \ minus 20=		*		X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		<u> </u>		X43	=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+145	=		OR	+290=	
* If	the difference	in column 1 is	ro, enter	"0" iņ c	olumn 2	TOTA	AL.	28.P.	OR	TOTAL		
	С	LAIMS AS A (Column 1)	MENDED	(Colun	mn 2)	nn 2) (Column 3)		SMALL ENTITY		OR		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BÉR DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= :	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus DEP	*** PENDENT	· Cι·ΔΙΜ	=	X43:	-		OR	X86=	
L	FINST FILLOC	INTATION OF THE	JUITTE DE	ENDLIN	OLA.IIV.		+145	=		OR	+290=	
								TAL FF		OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT. F	- LL			100111.12_1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	= 1		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	X43=	- 7		OR	X86=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM,		+145	= .	:	OR	+290 <u>-</u>	-	
				. •		• •	TO'I ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)	:	(Colum		(Column 3)					•	
AMENDMENT C	.	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9		_	OR	X\$18=	
	Independent	*	Minus	***		=	X43=		•	OR	X86=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		+145:	1		ı	+290=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Paid	aid For" IN THIS	S SPACE is	s less thai	n 3, enter "3."	ADDIT: 1	EEL			ADDIT. FEE	